



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Massachusetts 02111
Worker's Compensation Insurance Affidavit



TOWN OF EASTHAM

Name: _____

Job Location: _____

City: _____ Phone #: _____

- ☐ I am a homeowner performing all work myself.
☐ I am a sole proprietor and have no one working in any capacity.
☐ I am an employer providing workers' compensation for my employees working on this job.

Company Name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co: _____ Policy #: _____

- ☐ I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies: (Attach additional sheet if necessary)

Company Name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co: _____ Policy #: _____

Company Name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co: _____ Policy #: _____

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year's imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____ Phone #: _____